





Aim of LSAH is:

- Describe morbidity (acute and chronic) and mortality of astronauts
- Determine whether unique occupational exposures encountered by astronauts are associated with increased risks of morbidity or mortality
- Repository for all archived medical data
 - Provide data for internal and external requestors

Exposures

- Spaceflight
 - Microgravity
 - Chemicals
 - Radiation
 - Closed loop life support system
 - Particulates
 - Lasers
 - Sunlight
- High Performance Jet Training
- Analog Training
 - NEEMO
 - Antarctica



Spaceflight Exposures

Lifetime of Exposures



Pre-NASA Exposures ASCAN Training

Active Astronaut

Retirement







Terrestrial Exposures



Challenges of Astronaut Data

- Celebrity Effect
- Selection Bias and Healthy worker effect
- Cohort Effect
- Screening Bias
- Small N
 - Varied exposure to spaceflight
- Over-interpretation



Data Compilation & Audit

- Patient Medical Records
 - **EMR**
 - Hardcopy records
- Mission Medical Repository
 - Monitoring around spaceflight missions
- Individual Exposure Profile
- Training Records (NBL, survival, NOLS, etc.)
- Spacecraft Environmental Data
- Biospecimen Data
- Research Study Data
- "Other" Data



3 Tesla MRI of the brain was obtained using isovolumetric T1 and T2 images of the whole brain; High resolution fat saturated, isovolumetric axial and oblique sagittal images of the orbits were obtained, along with axial FLAIR images of the brain. Indication: Flight Evaluation

The ventricles and sulci are normal for the patient's age. The cistems

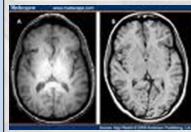
The sella turcica shows a partially empty sella configuration, without No evidence of intracranial lesions. A non specific punctuate FLAIR. hyperintensity is noted in the deep white matter of the right frontal

lobe, unchanged since 2011. Perivascular space visualization is the expected for the patient's age No extra-axial fluid collections are seen

The paranasal sinuses are clear.

Right eye Left eye Optic Nerve sheath diameter (ONSD) in cm axial 0.68 cm

Optic Nerve sheath diameter (ONSD) in cm sagittal 0.68 cm 0.74 cm



Optic Nerve Diameter (OND) in cm axial 0.31 cm

Optic Nerve Diameter (OND) in cm sagittal 0.30 cm

Optic Nerve sheath to nerve ratio (ON SNR) 2.19 ? 2.27 2,42 ? 1.90

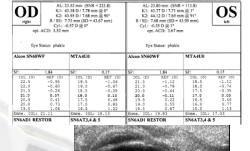
Papilledema not present

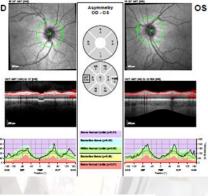
Globe flattening grade 0-3 0

Optic nerve tortuosity grade 0-3 0

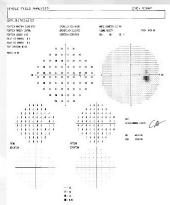
Optic Nerve hyperintensity 0-3 1

- 1. Normal MRI of the brain without contrast.
- 2. No nerve sheath distention, optic globe flattening, or optic nerve hyperintensity to suggest increased intracranial pressure.
- 3. Normal sella.









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Complicating Factors: Data Harmonization

- Multiple sources collected for multiple reasons collected in multiple formats
 - Data entry into different places
- Dates
 - Flight Day ≠ GMT ≠ MET ≠ Date of Entry



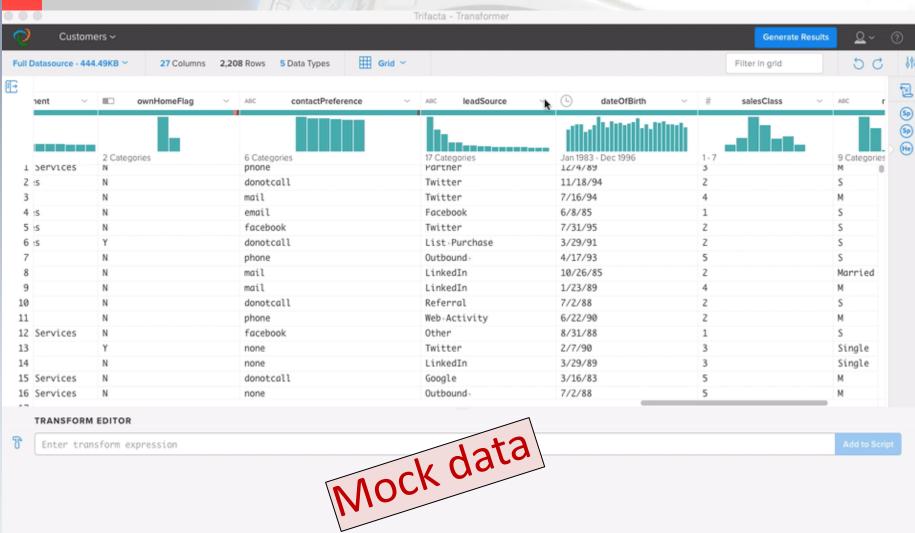
IMPALA OVERVIEW

"Information Management Platform for Analytics & Aggregation"

- Platform to store, process, perform and share visualizations and advanced analytics of astronaut data to solve our data challenges
- Analyze multi-structured data, gain insights and make data driven decisions
- Self-service system to visualize large datasets.
- Share deep insights by collaborating in (near) real time across the board



IMPALA: Trifacta



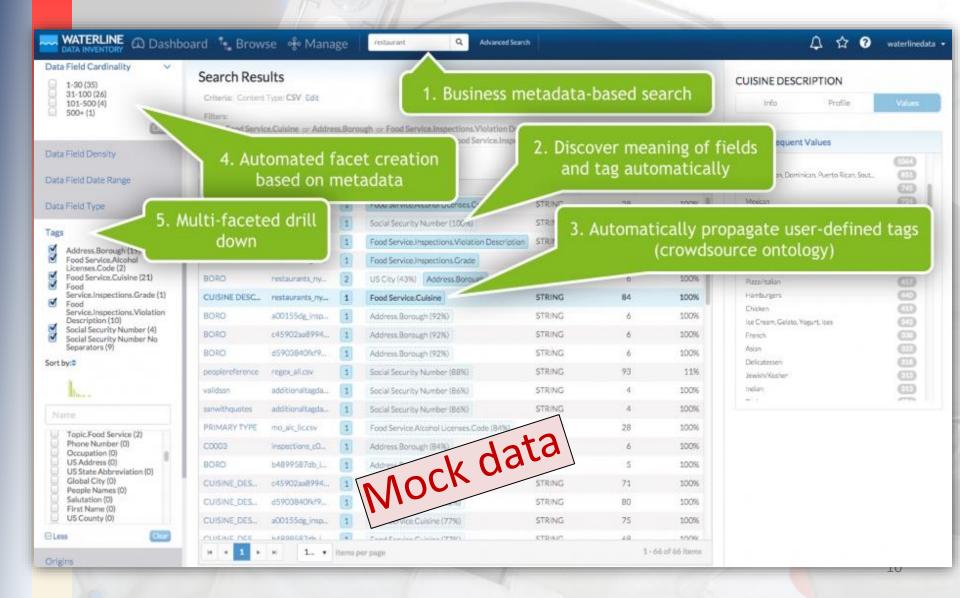


Complicating Factors: Metadata

- Who, what, why about our data
- Different types of data = different types of metadata
- Documentation is static, outdated or doesn't exist
- Historical context and description of changes across time largely absent
- Granularity differs across data types and across time
- Tags to find appropriate data largely absent



IMPALA: Waterline





Complicating Factors: Data Analytics and Visualizations



```
title 'QTc Change from Baseline by Week and Treatment';
proc sqplot data=QTcBand;
  format week gtcweek.;
  styleattrs datalinepatterns=(solid);
  band x=wk lower=L0 upper=L30 / fill legendlabel='Normal'
       fillattrs=(color=white transparency=0.6);
  band x=wk lower=L30 upper=L60 / fill legendlabel='Concern'
       fillattrs=(color=lightgray transparency=0.6);
  bamd x=wk lower=L60 upper=L90 / fill legendlabel='High'
       fillattrs=(color=gray transparency=0.6);
  vbox gtc / category=week group=drug groupdisplay=cluster nofill;
  scatter x=wk y=QTc / group=drug name='a' nomissinggroup;
  text x=wk y=ylabel text=label / contributeoffsets=none;
  xaxistable risk / class=drug colorgroup=drug location=inside;
  refline 26 / axis=x;
  xaxis type=linear values=(1 2 4 8 12 16 20 24 28) valueshint
       min=1 max=29 display=(nolabel)
        colorbands=odd colorbandsattrs=(transparency=1);
  yaxis label='QTc change from baseline' values=(-120 to 90 by 30);
  keylegend 'a' / title='Treatment:' linelength=20;
run;
                 proc genmod data=resp descend;
```

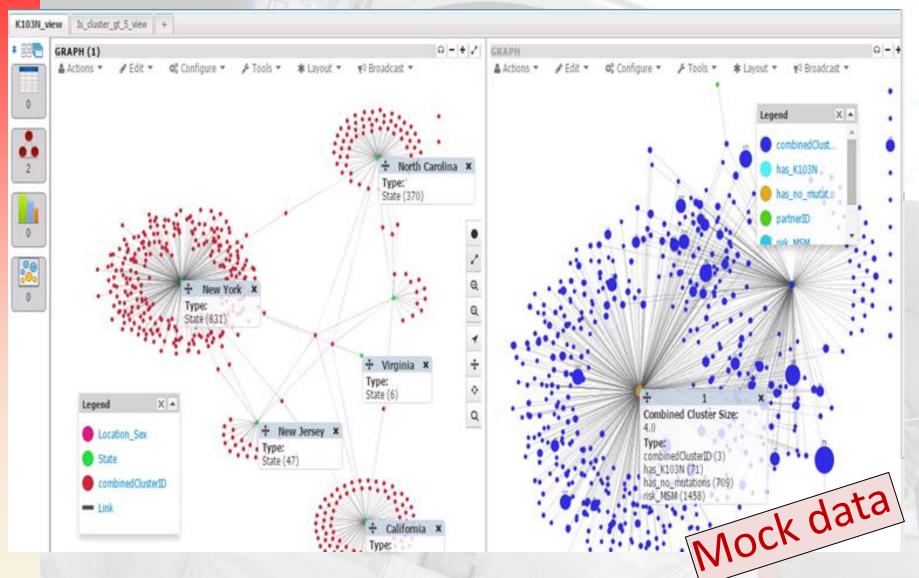
baseline(ref="0") / param=ref;

run;

class id treatment(ref="P") center(ref="1") sex(ref="M") model outcome=treatment center sex age baseline / dist=bin; repeated subject=id(center) / corr=unstr corrw;

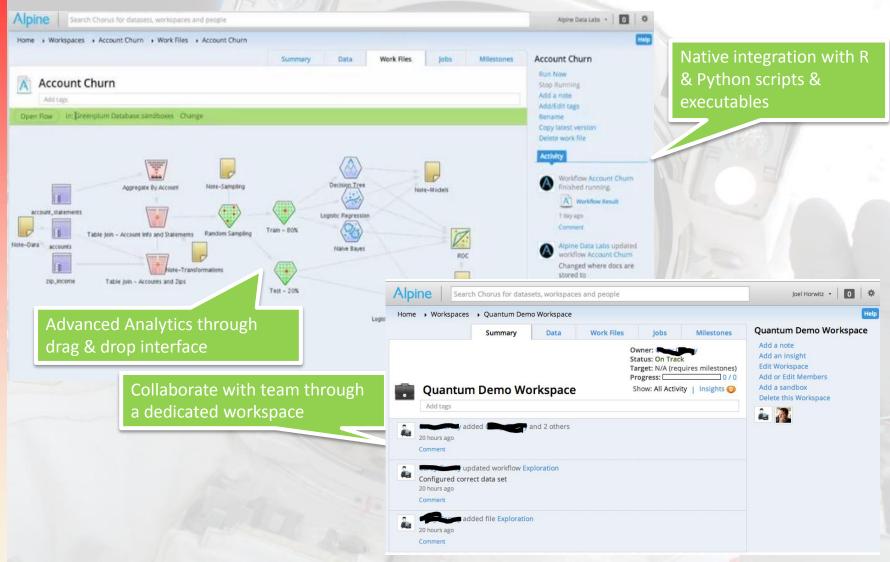


IMPALA: Visualizations





IMPALA Workflow Alpine





Complicating Factors: Text Data

⊕ • Tests-ETT's,PFT's,Scopes		01/31/2013 9:41 AM 01/23/2013 2:21 PM	PMC: Pre-PMC 5.0 zero-out PMC: Pre-PMC 4.0 Test#11						
Doc ID: 158 Properties: Private Medical Conference at FMClinic on 02/06/2013 11:45 AM by Richard									

Start GMT: 11:00 End GMT: 11:20 PMC Duration: 0:20

History of Present Illness:

History from: Crewmember Chief Complaint: congestion

HPI: Back pain improved but not gone. Using Ibuprofen as needed (1-2/day). Visual changes have worsened slightly. Now also noticing sinus and head congestion - probably secondary to microgravity fluid shifting. Will add Nasonex spray for sinus congestion. Workload for ATV docking preparations this week have resulted in not sleeping enough - used Provigil this morning to help alertness.

For Help, press F1

242 Vitamin	Routine	Nutritional Supplementa	Multivitamin	9999	9999	Oral
243 Fiber Supplement	Periodic	Fiber Supplement	Psyllium (Metamucil)	9999	9999	Oral
244 Antilipemic	Routine	Hyperlipidemia	Atorvastatin (Lipitor)	9999	9999	Oral
245 Decongestant	Periodic	Other	Oxymetazoline (Afrin Nasal Spr.	9999	9999	Nasal
246 Antihypertensive	Routine	Hypertension	Lisinopril (Zestril)	9999	9999	Oral
248 Analgesic	Periodic	Pain	Ibuprofen (Motrin)	9999	9999	Oral
249 Antibiotic/Corticosteroid	Periodic	Irritation	Tobramycin/Dexamethasone (1	9999	9999	Optic
250 Lubcricant	Periodic	Irritation	Carboxymethylcellulose OPHTH	.5	%	Optic
251 Analgesic	Periodic	Pain	Acetaminophen (Tylenol)	325	mg	Oral
252 Antibiotic/Corticosteroid	Periodic	Irritation	Tobramycin/Dexamethasone (1	9999	9999	Optic
253 Vitamin	Routine	Nutritional Supplementa	Multivitamin	9999	9999	Oral
254 Analgesic	Periodic	Congestion	Ibuprofen (Motrin)	600	mg	Oral
255 Decongestant	Periodic	Congestion	Oxymetazoline (Afrin Nasal Spr	9999	9999	
256 Antibiotic	Periodic	Irritation	Ciprofloxacin OPHTH Oint (Cilox	9999	1	21
257 Antibiotic	Periodic	Irritation	Ciprofloxacin OPHTH Soln			a
			Ciprofloxacin OPHTH Oint (Cilo) Ciprofloxacin OPHTH Soln Jo			



Complicating Factors: Text Data

"CM WORE HIS PRIME TRAINING GLOVES AND REPORTED 'SORE' FINGERTIPS. THE SIZING OF THE GLOVES WAS REPORTED AS ACCEPTABLE, WITH NO RESIZING REQUESTS. FOR THE TIME BEING, CM REQUESTED TO REMOVE THE NAIL HARDENER FROM HIS CREW PREFERENCE ITEMS. ALL OTHER SUIT FIT COMMENTS WERE FAVORABLE."

Over 3000 pages of Sizing Comments
Unable to be Analyzed

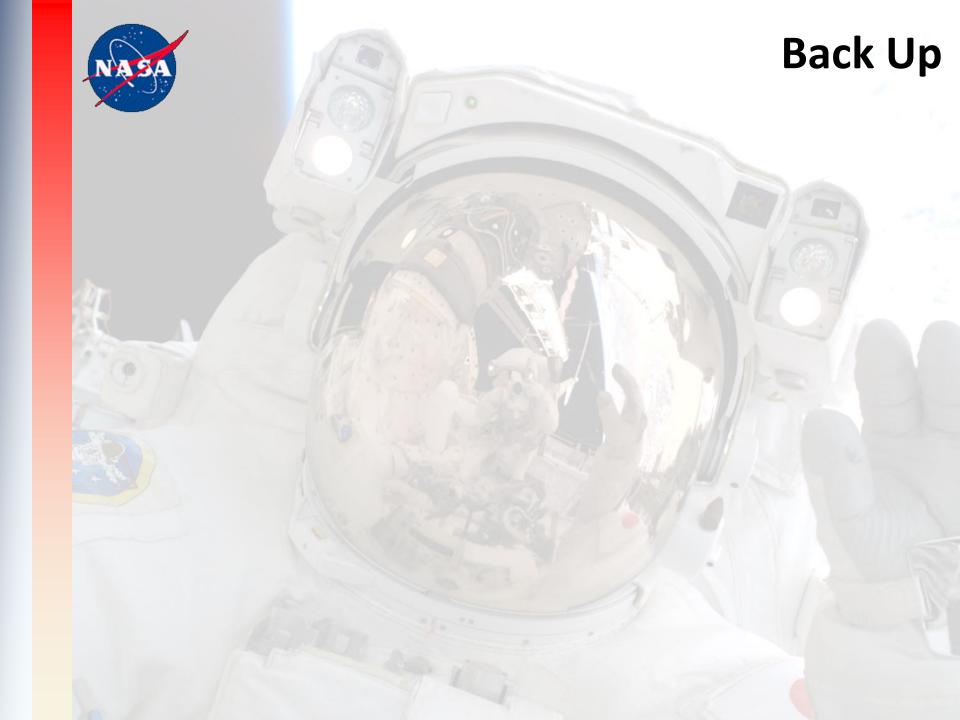




Summary

- Astronaut data and analytics of astronaut data is complex
- Creative and unique solutions are needed and some are currently being implemented
- Solutions for qualitative analysis including NLP are still needed







Trending and Analyses

